

Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 10-22-2013

Address: John St and Main St

Incident #: 13ISPC010592

Butler, IN 46721

County: Dekalb

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel
☐ Outbuilding ☐ Open – No Structure
☐ Vehicle ☒ Other: backpack

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ One Pot or Birch Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☐ Hydrochloric Acid Gas Generator(s): _____
☐ Flammable Solvents: _____
☒ Water Reactive Metal (Lithium): Backpack
☐ Anhydrous Ammonia: _____
☐ Corrosive Acid: _____
☒ Corrosive Base: Backpack
☒ Other (item and location): Ammonia Sulfate/Backpack

Vehicle Information:

Owner:

Make:

VIN:

Model:

Year:

Child under age 18 discovered (check appropriate)

- ☐ Yes _____ (number present)
☒ No
☐ Children not present but evidence they reside
or visit often

Living conditions of home: ☐ clean ☐ disarray
☐ unclean

Estimated length of time manufacturing had been
occurring: _____

Additional Information: _____

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department City, Township or County Butler FD

Fax: Emailed

Health Department County: Dekalb

Fax: Emailed

Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: S/Trp. Tim Myers Phone 260-432-8661

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.